



USSN 09/765,049
#3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney's Docket No.: 50001003 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process For Personalized Access To The Internet Network

the specification of which

☒ is attached hereto;

___ was filed on _____ as Application Serial No. _____, and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56 (a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Prior Foreign Application(s)	Priority Claimed
<u>00410005.3</u> Number	<u>EP(DE, FR, GB)</u> Country
<u>January 21, 2000</u> Day/Mo/Yr Filed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____ Number	_____ Country
_____ Day/Mo/Yr Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Number	_____ Country
_____ Day/Mo/Yr Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the

national or PCT international filing date of this application:

(Application Serial #)

(Filing Date)

(Status) (patented, pending, abandoned)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Richard P. Berg, Reg. No. 28,145
Mavis S. Gallenson, Reg. No. 32,464
John Palmer, Reg. No. 36,88
Kam C. Louie, Reg. No. 33,008

William C. Boling, Reg. No. 41,625
Victor Repkin, Reg. No. 45,039
Ross A. Schmitt, Reg. No. 42,529

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

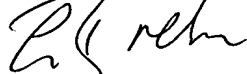
Richard P. Berg, c/o Ladas & Parry
5670 Wilshire Boulevard, 21st floor
Los Angeles, California 90036

Richard P. Berg, (323)-934-2300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Gavin BREBNER

Inventor's Signature:



Dated: 15/1/2001

Residence: Satin Martin d'Uriage, France

Citizenship: British

Post Office Address: 191 route de Pierval, 38410 Saint Martin d'Uriage, France

Full name of 2nd joint inventor, if any:

Inventor's Signature:

Dated:

Residence:

Citizenship:

Post Office Address:

Full name of 3rd joint inventor, if any:

Inventor's Signature:

Dated:

Residence:

Citizenship:

Post Office Address: